## AHERA MANAGEMENT Lead Education Agency: PLAN COVER SHEET Telephone #: \_\_\_\_\_ AHERA Management Plan submission: ☐ Original ☐ Resubmittal ☐ New Building **List of Documents Attached:** ☐ Assessment of Materials ☐ School Buildings ☐ Preventive Measures and Response Actions Scheduled ☐ Description of Each Sample Area ☐ Response Actions Recommended ☐ Determination of Sampling Locations ☐ Operations and Maintenance Plans ☐ Bulk Sample Analysis Form ☐ Periodic Surveillance Plan ☐ Resources Needed ☐ Steps to Inform Others ☐ Reinspection Plan **LEA AHERA Designee:** Name: \_\_\_\_\_ Training Course: \_\_\_\_\_ Date of Course: \_\_\_\_\_\_ Total Hours: \_\_\_\_\_ Name/Company of Training Provider: **Training Topics Covered:** ☐ Health effects of asbestos ☐ Options for controlling ACBM ☐ Detection, identification and assessment of ACM ☐ Asbestos Management Programs ☐ Overview of federal and state regulations concerning asbestos **Management Planner** Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Utah Certification Number: Company/School District: For persons who performed inspections and recommended project designer carry out response actions (except for operations and maintenance) the local education agency used or will use persons who have been accredited by a state which has accepted a contractor accreditation plan under section 206(b) of TSCA Title II or is accredited by an EPA approved course under section 206(c) of TSCA Title II. In addition, the LEA has considered whether any conflict of interest may arise from the interpersonal relationship among certified personnel, such as abatement activities being performed by an inspector or management planner and whether that should influence the selection of certified personnel to perform activities under this AHERA (Asbestos Hazard Emergency Response Act) Program. The signatures below certify that the general local educational agency (LEA) responsibilities, as stipulated by 40 CFR Part 763.84 have been met or will be met.

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Signature: \_\_\_\_\_\_\_ AHERA Designee LEA Superintendent

Printed Name: \_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_ Date: \_\_\_\_\_\_